



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## **2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)**

Covering the calendar year January 1, 2010 through December 31, 2010

Please file this statement with the <u>Clerk of the House</u> or <u>Secretary of the Senate</u> by **5:00 p.m. on February 18, 2011.**Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

	LEGISL.	ATOR INFORMATION			
Name				Office:	
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31 Brichwood Lane			NAME OF THE PROPERTY OF THE PR	3	
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City, zip code Sprinciple, ME 04083	3		A. special control of the control of	207-321	4-5467
		DEG (2012-2013)   12-24/1/2013/2014    100/2013/2014    100/202    100/202			
PART 1. INCOM	E DERIVE	D FROM EMPLOYME	NT BY ANO	THER	
List the name and address of each employer from economic activity of each employer.	m whom yo	ou received compensatio	n of \$1,000 or	r more. Spec	ify the principal type of
☐ None					
Name of Employer		Address			pe of Economic Activity of Employer
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	operforment freshi kun nedire de remenue e alemini al ale e e manual e			inkuna dia bahaha kalan amakan dia adaha dia adaha dia dia ama ama di aa arasini dibibarra	
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			() () () () () () () () () () () () () (		
PART 2. INCOME DER	RIVED FRO	OM SELF-EMPLOYME	NT OR LAW	PRACTICE	
A. List the name and address of your business or derived income. If associated with a partnership, f activity or practice of that entity.					
None	***************************************	40000000040000004400000000000000000000	минентом и менентом и м Нетритер	amenanta de la mananta de descrito de en Colonia de Colonia Colonia Colonia (de Calcia Colonia) de colonia Colo	
Name and Address of Business Entity or Law	Firm	Major Areas of Econo Law Practice (	A STATE OF THE PROPERTY OF THE PARTY OF THE	L (partnership,	s of Economic Activity/ .aw Practice association, firm or similar usiness entity)
Name: Courtney Cleaners	WWW.Till.Stimes	No class		Dorfe	arhp
Address: 203 MAPICICALAUS PORTSMONTH, NH 03801		Dey-cleaner Reac Estate/			₹
Name: Cowthey Holdings Trust Address: 1298 Main St.	Entered bright Standard			and a second	4
Address: VZ98 MAIN St. SAMEURO, ME 04077	-1-0-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	Re	ntals	Harte	reshif
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PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOYMENT
\$1,000, whichever is greater, and specify the principal type of eco	w practice that represents more than 10% of your gross income or nomic activity of the entity or person from whom you derived such ablished code of professional ethics, specify only the principal type of lerived.
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	
Address:	
PART 3. OTHER SC	URCES OF INCOME
List each source of income of \$1,000 or more not listed in Parts 1 or 2 box.	of this form. Do not include gifts or honoraria. If none, check the
☐ None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	AMAN AVERTANTA A
PART 4. REPORT	ABLE LIABILITIES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or m areas of economic activity of each creditor. Do not list credit card liab regulated financial institutions. If none, check the box.	ore that you received during the reporting period, and list the major ilities, educational loans, loans from a relative, or business loans from
□ None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	
PART 5. REPO	RTABLE GIFTS
List the specific source of gifts received during the reporting period wit	h an aggregate value of more than \$300. If none, check the box.
☐ None	
Name of Source of Gift  1.	Name of Source of Gift 3.
2.	
<del>far</del> •	4.

PART 6. RE	EPORT	ABLE HONORARIA	
List the source of any honoraria accepted for appearances or	speech	es. If none, check the box.	
☐ None	hd achd eideidiread an bheile each a beantinead a sann		
Name of Source of Honoraria		Name of Sou	urce of Honoraria
1.		<b>3</b> .	
2.	<u>~~</u> /~	4.	
PART 7. REPRESENT	FATION	BEFORE STATE AGENCIES	
List each executive branch agency before which you represe box.	ented or	assisted others for compensation	of any amount. If none, check the
☐ None			
Name of Agency		Name	of Agency
1.		3.	
2.		4.	
		ITH STATE AGENCIES	
List each executive branch agency to which you or a member \$1,000 during the reporting period. Indicate whether you or a	er of you family n	ur immediate family sold goods or nember sold the goods or services	r services with a value in excess of s. If none, check the box.
None	ANDONESTORINA		www.pressure.com/com/com/com/com/com/com/com/com/com/
Name of Agency		Name Name	of Agency
1.	And the Annual A	3.	
2.	PALVO-0000000 control Elizabeth colonidation (colonidation)	4.	
		MEMBERS OF IMMEDIATE FA	
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind of \$1,000 or more, list his or her name and job title. List only the not include gifts.	of incor	ne represented. If your spouse o	r domestic partner received income
		Type of Economic Activity	
Name of Spouse or Domestic Partner and Job Title	Re	presenting Source of Income Received	Kind of Income
Name: Nancy Sangum	1. S	ales	1. Salary
Name: Nancy Sangur Job Title: Wine Sales PErson	2.		2.
was with const Magain	3.		3.
Dependent Child(ren) - Job Titles Only			
Job Title:			
Job Title:			
Job Title:	j		

	Organization/Busine	SS	Title	Position Held By:	Family Member's Name	Compensated?	
				-Businessanan			
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			de de Anciente de Carlos d				
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			SIGNATURE				
egislator wh	ho willfully fails to file a	required state	ment is subject to a fir	e of up to \$100. (1	M.R.S.A. § 1017-	<b>4</b> )	
101				alu	L.		
Signature			***************************************				
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		AD	DITIONAL INFORMA	TION			
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PART 10. OFFICER OR DIRECTOR POSITIONS